FACILITY NAME: ANKENY AUTO EXECUSE

LOCATION: 1317 SN OFDENANE FORD ANKENY, IA

RCRA ID #: 140 984 568 543 DATE: 02/07/94

IMPACT OF FLOOD AND RAIN QUESTIONNAIRE RCRA PROGRAM

1. Is this facility located within approximately 1/2 mile of a river, creek or stream? YES or NO? If YES, what is the name if known?
2. Are there any visual signs that the facility was affected by flood waters? YES or NO? If YES, describe:
3. Was the facility damaged by the flood water or rain? YES or If YES, generally describe the damage.
IF THE ANSWER TO QUESTION #3 IS NO, STOP HERE.
4. Was there any damage to inventories, products or waste at the facility that would have caused the facility to generate hazardous waste? YES or NO?
5. Were there any release of hazardous material as a result of the flooding? YES or NO? If yes, describe:
<u> </u>
6. If the answer to question #5 is YES, has remedial activity occurred to address the releases? YES or NO? If YES, describe:
<u>- </u>
7. Were there any circumstances (e.g. design criteria) or actions that the facility took that were useful in preventing potential releases or generation of hazardous materials? YES or NO? For the purpose of this question, we are looking for the "lessons learned" that may be useful in future guidance, etc. If YES, describe:
RCRA RECORDS RCRA FILE COPY AND SHEET SH

FACILITY NAME: LOCATION:		
RCRA ID #:		
IF THE ANSWER TO QUESTION	1 #4 IS NO, STOP HERE.	
as a result of the flood?	rently storing hazardous was YES or NO? Is the store or both? INSIDE (I), OUT type and amount of hazardous	age area TSIDE (O) or
TYPE	AMOUNT	I, O or B
Examples: Contaminated MEK	2 - 55 gal. Drums	O (Outside)
Cleaning Products	6 spray bottles	I (Inside)
	<u> </u>	<u> </u>
		- N
flood that was subsequent	nerate hazardous waste as	a result of the
the type and amount of h	azardous waste generated.	NO? Describe
TYPE	azardous waste generated. AMOUNT	NO? Describe
TYPE Examples:	azardous waste generated. AMOUNT	NO? Describe
TYPE Examples: Contaminated MEK	azardous waste generated.	NO? Describe
TYPE Examples:	AMOUNT 2 - 55 gal. Drums	NO? Describe
TYPE Examples: Contaminated MEK	AMOUNT 2 - 55 gal. Drums	NO? Describe
TYPE Examples: Contaminated MEK	AMOUNT 2 - 55 gal. Drums	NO? Describe
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TYPE Examples: Contaminated MEK Cleaning Products	AMOUNT 2 - 55 gal. Drums	NO? Describe
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TYPE Examples: Contaminated MEK Cleaning Products	AMOUNT 2 - 55 gal. Drums	NO? Describe

Last Revised: 1/25/91 Time to complete screening: ~45nsh
RCRA SCREENING CHECKLIST
Inspector: Jak Brunner Primary Media:
Date: 02 / 07 / 94,
Facility: AMKENY AUTO ELECTRIC
Facility Address: 1317 SW ORDNAWE
AMKENY , DA SOOZI
Phone (515) 964-9095
Contact/Title: JOHN WELLINS
SIC #: Process: Auga ROPAGE PAPES DISTRIBUTION
SIC #: Process: Auro norge Process Distributions
1) Facility description
1) Facility description REMANUEMENTURE STARTERS! ATTERNATORS
2) Dear Gerilita harres and ED3 TD annulus 2 Version #10 02/15/05
2) Does facility have an EPA ID number? Yes No #1AD9845685
3) What Chemical and/or Industrial Waste (CIW) streams are
generated? (list: Name, Amount generated/month, Final
disposition)
WHOSE PETROLOUN MAPHINA (1001, DOIS, DOS?) SON SO GAR INDUSH SAFETY-KLEEN CORPORATION
WASTE CLEANING COMPONIO (FUEL, FOLY DOUG, DOUT, & DESMOSNES, IA
17008, 2022)
4) Does the facility classify any of their CIW's as hazardous
waste (HW)? Yes / (please note which ones are classified as HQ)
No
5) Does the facility conduct any of the following on-site
activities: Treatment/Recycling/Burning/Open Dumping
/Landfills/Surface Impoundments? Describe: Name
Field Observations:
6) Are CIW/HW stored on-site? Yes No X
Describe (material, approximate quantity, storage method):
HW IS GENOTITED DY PARTS WEASINGS ONLY & IT IS NOT ACCUMULATED ON SITE
They Buthounted six many experts oncy of 21 15 AND ALLMANTER ON SITE
7) Describe condition of storage containers/tanks (open,
damaged, unlabeled, leaking, etc.): Nor Approved
dallaged, dillabeted, leaking, etc.): No Applicable
8) Are incompatible wastes stored together (acids, bases,
solvents, cyanides)? YesNo_XDescribe:
9) Are there any signs of past spills/releases (dead or
stressed vegetation, ground discoloration, stains)? Yes_ No/
Describe
10) Do any of the on-site Chemical and/or CIW/HW management
practices concern you? Yes No & Describe: Thes were only
11) Recommendations and/or Additional Observations: NOME.
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TATAGUELA
TAD984568

ANKENY AUTO ELECTRIC Ankeny, Iowa



Photo No.: 1 Direction: South Photographer: Jack Brunner

Date/Time: 02/07/94; 14:30 Description: The photograph shows the front of the facility from Ordnance Road.

This form completed on 62/07/94 (date) by Inc Brunner PRC ENUMBER PROPERTY PAGE (name of person's em	ployer), TE	S 9 Contractor
Instructions for completing form: Completion of all items in BOLDFACE is items is optional, subject to the availability of the information.	s REQUIRED;	completion of other
EPA RCRA ID NUMBER: IA/> 984 568 543		
1. NAME OF INSTALLATION (COMPANY CURRENTLY OCCUPYING SITE	E):	
2. LOCATION OF INSTALLATION (PHYSICAL ADDRESS, NOT PADDRESS MUST BE SPECIFIC; IF NECESSARY, INCLUDE DIRECTIONS ON HOW TO FINITE - EXAMPLES OF UNACCEPTABLE INSTALLATION ADDRESSES ARE: "Box 47," "RR #3, EXAMPLES OF ACCEPTABLE ADDRESSES ARE: "123 Main St," "1 mile west of H "NW corner of Jackson and Jefferson Streets" STREET ADDRESS: /3/7 SW Ordnand RD.	D THE INSTA	LLATION) ve," "Hwy 49 West"
CITY/ZIP CODE: ANKENY	, IA	50021
3. INSTALLATION MAILING ADDRESS(IF SAME AS LOCATION	ON ADDRESS,	WRITE "SAME"):
STREET ADDRESS: SAME		
CITY/ZIP CODE:	, IA	*
4. INSTALLATION CONTACT PERSON:		
Name: Rick Chilisterson		
Title: Owyer		
Telephone Number: Area Code (575) 964-9	9095	
Street Address: 1317 N.W OFFDHANCE PD		
City/Zip Code: ATKENY	, IA	50021
5. OWNERSHIP INFORMATION:		
Name of Installation's Legal Owner: Jon Van	ions / Bux	CHERRESON
Street Address: 1317 N.W. ORDNANDE RO	1	
City/Zip Code: Amuchy	, IA	50021
Telephone Number: Area Code (515) 964-	9095	
6. RCRA REGULATED ACTIVITY APPARENTLY BEING	G CONDU	CTED AT SITE
(CHECK ALL THAT APPLY) X Hazardous waste generation Hazardous waste	aste tr	ansportation
		ste for self only
	ansports wa	ste for hire
Large quantity generator Other: (specify)		
Other.(specify)		
7. COMMENTS:		
	3	

RCRIS data entered

BY XXX ANRPEE

ON 2/10/95

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY RECEIPT FOR DOCUMENTS AND SAMPLES

Facility Name ANKENY AUTO EUROPER
Facility Address 1317 SW ORDNANCE RO ANKENY, IA
Documents Collected? YES X (list below) NO
Samples Collected? YES (list below) NO_\(\mathbb{S} \) Split Samples: YES NO
Documents/Samples were: 1)Received no charge 2)Borrowed 3)Purchased
Amount Paid: \$ Method: Cash Voucher To Be Billed
The documents and samples described below were collected in connection with the administration and enforcement of the applicable statute under which the information is obtained.
Receipt for the document(s) and/or sample(s) described below is hereby acknowledged:
- CBROSS OF 1993 MANDRESTS TO BE SONT TO PRC KANSUS COTY OFFILE
Knusis Coty OFFIE
Facility Representative (print) Signature/Date
John R Wilkins John Wilken
Inspector (print) Signature/Date Inspector (print) Signature/Date Signature/Date Signature/Date Signature/Date
U.S.EPA, Region VII, RCRA/IOWA, 726 Minnesota, Kansas City, KS 66101
rev:1/20/93)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REQUEST FOR CONFIDENTIAL TREATMENT	
Facility Name ANKENY AUTO ELECTRIZ Facility Address 1317 Shl DRDMANCE ANKENY, IA	
Information for which confidential treatment is requested:	
Acknowledgement of Claimant	
The undersigned requests that confidential treatment of the information described be provided in accordance with provisions of the Freedom of Information Act (FOIA), 5 U.S.C. 552; EPA regulations issued thereunder, CFR Part 2; and the applicable statute under which the information is obtained. The undersigned further acknowledges that they are authorized make such claims for their firm.	

The undersigned also certifies that each claimed item described above meets all of the following criteria (40 CFR 2.208):

- 1. Your company has taken measures to protect the confidentiality of the information, and it intends to continue to take such measures.
- 2. The information is not, and has not been, reasonably obtained without your company's consent by other persons (other than governmental bodies) by use of legitimate means (other than discovery based on showing of special need in a judicial or quasi-judicial proceeding).
- 3. The information is not publicly available elsewhere.
- 4. Disclosure of the information would cause substantial harm to your company's competitive position.

<u>In addition</u>, within 15 days of your claim, you must provide written comments in support of the claim, based on factors listed in 40 CFR 2.204(e)(4). Failure to submit comments by this deadline will be deemed a waiver of the claim pursuant to 40 CFR 2.205(d)(1).

Authorized Representative (print)	Signature/Date			
John R. Wilkin	no John RWilkins			
No confidential treatment claimed during the inspection:(Facility Representative's initials)				
Inspector (print)	Signature/Da#e			
THEY BRUNDER (PRC FOR U.S.E	FA) Allow orlongy			
U.S.EPA, Region VII, RCRA/IOWA, 726 Minnesota, Kansas City, KS 66101				
(rev:1/20/93)				